

## State of Montana DEPARTMENT OF CORRECTIONS APPLICATION FOR RELEASE ASSISTANCE

Date:/	AO#	
Name:	Amount Requested \$	
Prison Reception Date/	Release Date://	
Housing Unit Cell	Current Inmate Account Balance \$	
Type of Release:  □ - 10 Day Furlough □ - Intensive Super □ - Supervised Release (Probation) □ - Discharge	rvision (ISP)	
1) Has the inmate maintained inmate status at a secure fac	cility for 12 consecutive months?	
2) Has the inmate completed, or in the process of completed.   YES		
3) Has the inmate obtained, or is in the process of obtaining YES		
4) Has the inmate received release assistance within the la		
5) Has the inmate transferred more than \$500 out of their inmate account in the last 12 months?		
6) Has the inmate had a job assignment for the majority o		
If no, does the inmate request a review by the admir 7) Has the inmate maintained a minimum of 6 months clo  — YES  If no, does the inmate request a review by the admir	ear conduct?	
Comments:		
Administrator or Designee Review Request Response (if a	upplicable):	
Signed By:, Administrato	or, or Designee Date:/	
Funding Amount Authorized \$		
Completed By: Case Manager/IPI	PO Date:/	
Verified by Accounting on By:		
Write check to:	in the amount of \$	
Write check to:	in the amount of \$	
Write check to:	in the amount of \$	